



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

004504

**D350-689-021**  
**Job Sheet 179560**



**Part No:** D350-689-021

**Job Qty:** 1 ea

**Part Name:** Dual High-Back Seat Installation - Energy Attenuating Seat Compatible



**Part Weight:** 0 lbs

**Status:** Scheduled

**Priority:** Medium

**Job Created:** 6/20/18

**Job Tracking No:**

**Due Date:** 7/16/18

**Created By:** Linda Lacelle

**Type:** SOLD

**Description:**

**Note:** IIN-D350-689 REV.D IPP Rev:A 08-12-23 new issue DD verified by: LL 08.12.24 IPP Rev:B chg002 DD 10.02.12 verified by:JLM IPP Rev:C chg004 DD 11.09.28 verified by:JLM IPP Rev:D 12.01.12 now @ CHG005 (ecn12-501) DD VERF:EC

**Ship Via:**

### Bill of Materials

### Job Routing

| Op No | Operation          | Qty   | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off       |
|-------|--------------------|-------|------------|----------|-----------|---------|-----------------------|-----------|----------------|
|       |                    |       |            |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time |                |
| 90    | Start up Operation | 1 Ea  | 7/16/18    | 7/16/18  | 0.00      | 0.00    | Start Up Stores/Pkg-1 |           | JUL 19 2018    |
| 110   | Packaging          | 1 pcs | 7/16/18    | 7/16/18  | 0.00      | 0.00    | Packaging1-3          |           | SRB            |
| 120   | QC                 | 1 pcs | 7/16/18    | 7/16/18  | 0.00      | 0.00    | QC4                   |           | JUL 19 2018    |
| 130   | Packaging          | 1 pcs | 7/16/18    | 7/16/18  | 0.00      | 0.00    | Packaging3-1          |           | JUL 19 2018    |
| 135   | DC                 | 1 pcs | 7/16/18    | 7/16/18  | 0.00      | 0.00    | DC                    |           | DAS            |
| 140   | QC21-FG            | 1 Ea  | 7/16/18    | 7/16/18  | 0.00      | 0.00    | QC21                  |           | 21 JUL 19 2018 |

Part Op 130 - Identify and pack for shipping as per PPP D350-689-021

Descriptions: 135 - Photocopy bluefile and create labels per PPP D350-689-021 CHG007

### Job BOM

| Part / Item  | Component Name                                                   | Quantity    | Operation             | Container |
|--------------|------------------------------------------------------------------|-------------|-----------------------|-----------|
| D3018-1      | Seat Cushion                                                     | 1 Ea (1 ea) | 90-Start up Operation | 5025112   |
| D3019-1      | Back Cushion                                                     | 1 Ea (1 ea) | 90-Start up Operation | 5025118   |
| D350-689-023 | Floor Provisions Energy Attenuating Seat Compatible              | 1 Ea (1 ea) | 90-Start up Operation | 5046944   |
| D4671-1      | Armrest Cushion                                                  | 1 Ea (1 ea) | 90-Start up Operation | 5040440   |
| D350-689-043 | Dual High Back Seat Assembly- Energy Attenuating Seat Compatible | 1 Ea (1 ea) | 110-Packaging         | 5093495   |

### Job Allocations

| Operation             | Component Part | Required | Inventory | Allocated |
|-----------------------|----------------|----------|-----------|-----------|
| 90-Start up Operation | D3018-1        | 1        | 1         | 0         |
|                       | D3019-1        | 1        | 1         | 0         |
|                       | D350-689-023   | 1        | 2         | 0         |
|                       | D4671-1        | 1        | 3         | 0         |
| 110-Packaging         | D350-689-043   | 1        | 0         | 0         |

### Part Specifications

Specifications could not be found.

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                          |                                                                                                                        |                          |                         |                          |               |                          |             |                          |                  |                          |                          |                          |                          |                          |                          |                          |          |                          |               |                          |          |                          |                      |                          |                          |                                 |                          |                          |                          |                          |                    |                          |                  |                          |                  |                          |                   |                          |                          |                          |                          |                          |                          |                          |                     |                          |                  |                          |                       |                          |               |                          |                          |                          |                          |            |                          |        |  |                          |  |                          |              |                          |         |  |                          |  |                          |                       |                          |                  |
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| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                    | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          | MRB (QSI042) Approval                                                                                                  |                          |                         |                          |               |                          |             |                          |                  |                          |                          |                          |                          |                          |                          |                          |          |                          |               |                          |          |                          |                      |                          |                          |                                 |                          |                          |                          |                          |                    |                          |                  |                          |                  |                          |                   |                          |                          |                          |                          |                          |                          |                          |                     |                          |                  |                          |                       |                          |               |                          |                          |                          |                          |            |                          |        |  |                          |  |                          |              |                          |         |  |                          |  |                          |                       |                          |                  |
| <div style="position: relative;"> <div style="position: absolute; top: 10px; left: 10px; font-size: 0.8em;">           Dart Aerospace Ltd.<br/>           1270 Aberdeen Street<br/>           Hawkesbury, ON K6A 1K7<br/>           CANADA<br/>           TEL.: 1 613 632-6200<br/>           Email: sales@dartaero.com<br/>           www.dartaerospace.com         </div> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%);"> <div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> <b>Container No: S093551</b><br/> <b>Part: D350-689-021</b><br/> <b>Job No: 179560</b><br/> <b>Serial No/Batch: S093551</b><br/> <b>Revision: D</b><br/> <b>Inspector:</b><br/> <b>Exp Date:</b><br/> <b>Instructions:</b> </div> <div style="margin-left: 20px;"> <b>Date: 07/19/18</b> </div> </div> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          | Completed By _____<br><br>Lead hand / Supervisor Approval Verification _____<br><br>QC / QA Coordinator Approval _____ |                          |                         |                          |               |                          |             |                          |                  |                          |                          |                          |                          |                          |                          |                          |          |                          |               |                          |          |                          |                      |                          |                          |                                 |                          |                          |                          |                          |                    |                          |                  |                          |                  |                          |                   |                          |                          |                          |                          |                          |                          |                          |                     |                          |                  |                          |                       |                          |               |                          |                          |                          |                          |            |                          |        |  |                          |  |                          |              |                          |         |  |                          |  |                          |                       |                          |                  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="4" style="text-align: left;">Root Cause</th> </tr> <tr> <td style="width:15%;">Environment</td> <td style="width:5%;"><input type="checkbox"/></td> <td style="width:15%;">No Re-ve</td> <td style="width:5%;"><input type="checkbox"/></td> </tr> <tr> <td>Design</td> <td><input type="checkbox"/></td> <td>Operato</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Doc/Data</td> <td><input type="checkbox"/></td> <td>Offset/s</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Equip/Tooling</td> <td><input type="checkbox"/></td> <td>Supplier</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Handling/Pre</td> <td><input type="checkbox"/></td> <td>Training</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Material</td> <td><input type="checkbox"/></td> <td>Use for Testing</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Internal Transport</td> <td><input type="checkbox"/></td> <td>Poor Information</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Tribal Knowledge</td> <td><input type="checkbox"/></td> <td>Rushing</td> <td><input type="checkbox"/></td> </tr> <tr> <td>LOA</td> <td><input type="checkbox"/></td> <td>Product Improvement</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Substation</td> <td><input type="checkbox"/></td> <td>Process Improvement</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Past Expiry Date</td> <td><input type="checkbox"/></td> <td>Manufacturing Process</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Misidentified</td> <td><input type="checkbox"/></td> <td>Past Due</td> <td><input type="checkbox"/></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                                                                                                        |                          | Root Cause              |                          |               |                          | Environment | <input type="checkbox"/> | No Re-ve         | <input type="checkbox"/> | Design                   | <input type="checkbox"/> | Operato                  | <input type="checkbox"/> | Doc/Data                 | <input type="checkbox"/> | Offset/s | <input type="checkbox"/> | Equip/Tooling | <input type="checkbox"/> | Supplier | <input type="checkbox"/> | Handling/Pre         | <input type="checkbox"/> | Training                 | <input type="checkbox"/>        | Material                 | <input type="checkbox"/> | Use for Testing          | <input type="checkbox"/> | Internal Transport | <input type="checkbox"/> | Poor Information | <input type="checkbox"/> | Tribal Knowledge | <input type="checkbox"/> | Rushing           | <input type="checkbox"/> | LOA                      | <input type="checkbox"/> | Product Improvement      | <input type="checkbox"/> | Substation               | <input type="checkbox"/> | Process Improvement | <input type="checkbox"/> | Past Expiry Date | <input type="checkbox"/> | Manufacturing Process | <input type="checkbox"/> | Misidentified | <input type="checkbox"/> | Past Due                 | <input type="checkbox"/> |                          |            |                          |        |  |                          |  |                          |              |                          |         |  |                          |  |                          |                       |                          |                  |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                                                                                                        |                          |                         |                          |               |                          |             |                          |                  |                          |                          |                          |                          |                          |                          |                          |          |                          |               |                          |          |                          |                      |                          |                          |                                 |                          |                          |                          |                          |                    |                          |                  |                          |                  |                          |                   |                          |                          |                          |                          |                          |                          |                          |                     |                          |                  |                          |                       |                          |               |                          |                          |                          |                          |            |                          |        |  |                          |  |                          |              |                          |         |  |                          |  |                          |                       |                          |                  |
| Environment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>                                                                                                                                                           | No Re-ve                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> |                                                                                                                        |                          |                         |                          |               |                          |             |                          |                  |                          |                          |                          |                          |                          |                          |                          |          |                          |               |                          |          |                          |                      |                          |                          |                                 |                          |                          |                          |                          |                    |                          |                  |                          |                  |                          |                   |                          |                          |                          |                          |                          |                          |                          |                     |                          |                  |                          |                       |                          |               |                          |                          |                          |                          |            |                          |        |  |                          |  |                          |              |                          |         |  |                          |  |                          |                       |                          |                  |
| Design                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                                                                                                                           | Operato                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> |                                                                                                                        |                          |                         |                          |               |                          |             |                          |                  |                          |                          |                          |                          |                          |                          |                          |          |                          |               |                          |          |                          |                      |                          |                          |                                 |                          |                          |                          |                          |                    |                          |                  |                          |                  |                          |                   |                          |                          |                          |                          |                          |                          |                          |                     |                          |                  |                          |                       |                          |               |                          |                          |                          |                          |            |                          |        |  |                          |  |                          |              |                          |         |  |                          |  |                          |                       |                          |                  |
| Doc/Data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/>                                                                                                                                                           | Offset/s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> |                                                                                                                        |                          |                         |                          |               |                          |             |                          |                  |                          |                          |                          |                          |                          |                          |                          |          |                          |               |                          |          |                          |                      |                          |                          |                                 |                          |                          |                          |                          |                    |                          |                  |                          |                  |                          |                   |                          |                          |                          |                          |                          |                          |                          |                     |                          |                  |                          |                       |                          |               |                          |                          |                          |                          |            |                          |        |  |                          |  |                          |              |                          |         |  |                          |  |                          |                       |                          |                  |
| Equip/Tooling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                           | Supplier                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> |                                                                                                                        |                          |                         |                          |               |                          |             |                          |                  |                          |                          |                          |                          |                          |                          |                          |          |                          |               |                          |          |                          |                      |                          |                          |                                 |                          |                          |                          |                          |                    |                          |                  |                          |                  |                          |                   |                          |                          |                          |                          |                          |                          |                          |                     |                          |                  |                          |                       |                          |               |                          |                          |                          |                          |            |                          |        |  |                          |  |                          |              |                          |         |  |                          |  |                          |                       |                          |                  |
| Handling/Pre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>                                                                                                                                                           | Training                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> |                                                                                                                        |                          |                         |                          |               |                          |             |                          |                  |                          |                          |                          |                          |                          |                          |                          |          |                          |               |                          |          |                          |                      |                          |                          |                                 |                          |                          |                          |                          |                    |                          |                  |                          |                  |                          |                   |                          |                          |                          |                          |                          |                          |                          |                     |                          |                  |                          |                       |                          |               |                          |                          |                          |                          |            |                          |        |  |                          |  |                          |              |                          |         |  |                          |  |                          |                       |                          |                  |
| Material                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/>                                                                                                                                                           | Use for Testing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> |                                                                                                                        |                          |                         |                          |               |                          |             |                          |                  |                          |                          |                          |                          |                          |                          |                          |          |                          |               |                          |          |                          |                      |                          |                          |                                 |                          |                          |                          |                          |                    |                          |                  |                          |                  |                          |                   |                          |                          |                          |                          |                          |                          |                          |                     |                          |                  |                          |                       |                          |               |                          |                          |                          |                          |            |                          |        |  |                          |  |                          |              |                          |         |  |                          |  |                          |                       |                          |                  |
| Internal Transport                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                                                                                                                                                           | Poor Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> |                                                                                                                        |                          |                         |                          |               |                          |             |                          |                  |                          |                          |                          |                          |                          |                          |                          |          |                          |               |                          |          |                          |                      |                          |                          |                                 |                          |                          |                          |                          |                    |                          |                  |                          |                  |                          |                   |                          |                          |                          |                          |                          |                          |                          |                     |                          |                  |                          |                       |                          |               |                          |                          |                          |                          |            |                          |        |  |                          |  |                          |              |                          |         |  |                          |  |                          |                       |                          |                  |
| Tribal Knowledge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                                                                           | Rushing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> |                                                                                                                        |                          |                         |                          |               |                          |             |                          |                  |                          |                          |                          |                          |                          |                          |                          |          |                          |               |                          |          |                          |                      |                          |                          |                                 |                          |                          |                          |                          |                    |                          |                  |                          |                  |                          |                   |                          |                          |                          |                          |                          |                          |                          |                     |                          |                  |                          |                       |                          |               |                          |                          |                          |                          |            |                          |        |  |                          |  |                          |              |                          |         |  |                          |  |                          |                       |                          |                  |
| LOA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                           | Product Improvement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> |                                                                                                                        |                          |                         |                          |               |                          |             |                          |                  |                          |                          |                          |                          |                          |                          |                          |          |                          |               |                          |          |                          |                      |                          |                          |                                 |                          |                          |                          |                          |                    |                          |                  |                          |                  |                          |                   |                          |                          |                          |                          |                          |                          |                          |                     |                          |                  |                          |                       |                          |               |                          |                          |                          |                          |            |                          |        |  |                          |  |                          |              |                          |         |  |                          |  |                          |                       |                          |                  |
| Substation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                           | Process Improvement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> |                                                                                                                        |                          |                         |                          |               |                          |             |                          |                  |                          |                          |                          |                          |                          |                          |                          |          |                          |               |                          |          |                          |                      |                          |                          |                                 |                          |                          |                          |                          |                    |                          |                  |                          |                  |                          |                   |                          |                          |                          |                          |                          |                          |                          |                     |                          |                  |                          |                       |                          |               |                          |                          |                          |                          |            |                          |        |  |                          |  |                          |              |                          |         |  |                          |  |                          |                       |                          |                  |
| Past Expiry Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                                                                           | Manufacturing Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> |                                                                                                                        |                          |                         |                          |               |                          |             |                          |                  |                          |                          |                          |                          |                          |                          |                          |          |                          |               |                          |          |                          |                      |                          |                          |                                 |                          |                          |                          |                          |                    |                          |                  |                          |                  |                          |                   |                          |                          |                          |                          |                          |                          |                          |                     |                          |                  |                          |                       |                          |               |                          |                          |                          |                          |            |                          |        |  |                          |  |                          |              |                          |         |  |                          |  |                          |                       |                          |                  |
| Misidentified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                           | Past Due                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> |                                                                                                                        |                          |                         |                          |               |                          |             |                          |                  |                          |                          |                          |                          |                          |                          |                          |          |                          |               |                          |          |                          |                      |                          |                          |                                 |                          |                          |                          |                          |                    |                          |                  |                          |                  |                          |                   |                          |                          |                          |                          |                          |                          |                          |                     |                          |                  |                          |                       |                          |               |                          |                          |                          |                          |            |                          |        |  |                          |  |                          |              |                          |         |  |                          |  |                          |                       |                          |                  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Crimp/Kink/Kippie, etc.</td> <td style="width:5%;"><input type="checkbox"/></td> <td style="width:15%;">Contamination</td> <td style="width:5%;"><input type="checkbox"/></td> <td style="width:15%;">Is/Surge</td> <td style="width:5%;"><input type="checkbox"/></td> <td style="width:15%;">Positioned Wrong</td> </tr> <tr> <td>Cuffs</td> <td><input type="checkbox"/></td> <td>Countersink</td> <td><input type="checkbox"/></td> <td>gram</td> <td><input type="checkbox"/></td> <td>Outside Dimensions</td> </tr> <tr> <td>Crushing</td> <td><input type="checkbox"/></td> <td>Cut Too Short</td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td>Over/Under tolerance</td> </tr> <tr> <td>Heat Treat</td> <td><input type="checkbox"/></td> <td>Instructions Incomplete/Unclear</td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td>Part Incorrect</td> </tr> <tr> <td>Wave/Twist in Tube</td> <td><input type="checkbox"/></td> <td>Drill Holes</td> <td><input type="checkbox"/></td> <td>Stock Pulled</td> <td><input type="checkbox"/></td> <td>Part Lost/Missing</td> </tr> <tr> <td>Marks/Chatter</td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td>Sequence</td> <td><input type="checkbox"/></td> <td>Part Moved</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td>Off-set</td> <td><input type="checkbox"/></td> <td>Drawing</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td>Mislabeled</td> <td><input type="checkbox"/></td> <td>Finish</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td>Fit/Function</td> <td><input type="checkbox"/></td> <td>Misread</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td>Misaligned/off center</td> <td><input type="checkbox"/></td> <td>Turning Sequence</td> </tr> </table> |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                                                                                                        |                          | Crimp/Kink/Kippie, etc. | <input type="checkbox"/> | Contamination | <input type="checkbox"/> | Is/Surge    | <input type="checkbox"/> | Positioned Wrong | Cuffs                    | <input type="checkbox"/> | Countersink              | <input type="checkbox"/> | gram                     | <input type="checkbox"/> | Outside Dimensions       | Crushing | <input type="checkbox"/> | Cut Too Short | <input type="checkbox"/> |          | <input type="checkbox"/> | Over/Under tolerance | Heat Treat               | <input type="checkbox"/> | Instructions Incomplete/Unclear | <input type="checkbox"/> |                          | <input type="checkbox"/> | Part Incorrect           | Wave/Twist in Tube | <input type="checkbox"/> | Drill Holes      | <input type="checkbox"/> | Stock Pulled     | <input type="checkbox"/> | Part Lost/Missing | Marks/Chatter            | <input type="checkbox"/> |                          | <input type="checkbox"/> | Sequence                 | <input type="checkbox"/> | Part Moved               |                     | <input type="checkbox"/> |                  | <input type="checkbox"/> | Off-set               | <input type="checkbox"/> | Drawing       |                          | <input type="checkbox"/> |                          | <input type="checkbox"/> | Mislabeled | <input type="checkbox"/> | Finish |  | <input type="checkbox"/> |  | <input type="checkbox"/> | Fit/Function | <input type="checkbox"/> | Misread |  | <input type="checkbox"/> |  | <input type="checkbox"/> | Misaligned/off center | <input type="checkbox"/> | Turning Sequence |
| Crimp/Kink/Kippie, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>                                                                                                                                                           | Contamination                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | Is/Surge                                                                                                               | <input type="checkbox"/> | Positioned Wrong        |                          |               |                          |             |                          |                  |                          |                          |                          |                          |                          |                          |                          |          |                          |               |                          |          |                          |                      |                          |                          |                                 |                          |                          |                          |                          |                    |                          |                  |                          |                  |                          |                   |                          |                          |                          |                          |                          |                          |                          |                     |                          |                  |                          |                       |                          |               |                          |                          |                          |                          |            |                          |        |  |                          |  |                          |              |                          |         |  |                          |  |                          |                       |                          |                  |
| Cuffs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>                                                                                                                                                           | Countersink                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | gram                                                                                                                   | <input type="checkbox"/> | Outside Dimensions      |                          |               |                          |             |                          |                  |                          |                          |                          |                          |                          |                          |                          |          |                          |               |                          |          |                          |                      |                          |                          |                                 |                          |                          |                          |                          |                    |                          |                  |                          |                  |                          |                   |                          |                          |                          |                          |                          |                          |                          |                     |                          |                  |                          |                       |                          |               |                          |                          |                          |                          |            |                          |        |  |                          |  |                          |              |                          |         |  |                          |  |                          |                       |                          |                  |
| Crushing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/>                                                                                                                                                           | Cut Too Short                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> |                                                                                                                        | <input type="checkbox"/> | Over/Under tolerance    |                          |               |                          |             |                          |                  |                          |                          |                          |                          |                          |                          |                          |          |                          |               |                          |          |                          |                      |                          |                          |                                 |                          |                          |                          |                          |                    |                          |                  |                          |                  |                          |                   |                          |                          |                          |                          |                          |                          |                          |                     |                          |                  |                          |                       |                          |               |                          |                          |                          |                          |            |                          |        |  |                          |  |                          |              |                          |         |  |                          |  |                          |                       |                          |                  |
| Heat Treat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                           | Instructions Incomplete/Unclear                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> |                                                                                                                        | <input type="checkbox"/> | Part Incorrect          |                          |               |                          |             |                          |                  |                          |                          |                          |                          |                          |                          |                          |          |                          |               |                          |          |                          |                      |                          |                          |                                 |                          |                          |                          |                          |                    |                          |                  |                          |                  |                          |                   |                          |                          |                          |                          |                          |                          |                          |                     |                          |                  |                          |                       |                          |               |                          |                          |                          |                          |            |                          |        |  |                          |  |                          |              |                          |         |  |                          |  |                          |                       |                          |                  |
| Wave/Twist in Tube                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                                                                                                                                                           | Drill Holes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | Stock Pulled                                                                                                           | <input type="checkbox"/> | Part Lost/Missing       |                          |               |                          |             |                          |                  |                          |                          |                          |                          |                          |                          |                          |          |                          |               |                          |          |                          |                      |                          |                          |                                 |                          |                          |                          |                          |                    |                          |                  |                          |                  |                          |                   |                          |                          |                          |                          |                          |                          |                          |                     |                          |                  |                          |                       |                          |               |                          |                          |                          |                          |            |                          |        |  |                          |  |                          |              |                          |         |  |                          |  |                          |                       |                          |                  |
| Marks/Chatter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> | Sequence                                                                                                               | <input type="checkbox"/> | Part Moved              |                          |               |                          |             |                          |                  |                          |                          |                          |                          |                          |                          |                          |          |                          |               |                          |          |                          |                      |                          |                          |                                 |                          |                          |                          |                          |                    |                          |                  |                          |                  |                          |                   |                          |                          |                          |                          |                          |                          |                          |                     |                          |                  |                          |                       |                          |               |                          |                          |                          |                          |            |                          |        |  |                          |  |                          |              |                          |         |  |                          |  |                          |                       |                          |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> | Off-set                                                                                                                | <input type="checkbox"/> | Drawing                 |                          |               |                          |             |                          |                  |                          |                          |                          |                          |                          |                          |                          |          |                          |               |                          |          |                          |                      |                          |                          |                                 |                          |                          |                          |                          |                    |                          |                  |                          |                  |                          |                   |                          |                          |                          |                          |                          |                          |                          |                     |                          |                  |                          |                       |                          |               |                          |                          |                          |                          |            |                          |        |  |                          |  |                          |              |                          |         |  |                          |  |                          |                       |                          |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> | Mislabeled                                                                                                             | <input type="checkbox"/> | Finish                  |                          |               |                          |             |                          |                  |                          |                          |                          |                          |                          |                          |                          |          |                          |               |                          |          |                          |                      |                          |                          |                                 |                          |                          |                          |                          |                    |                          |                  |                          |                  |                          |                   |                          |                          |                          |                          |                          |                          |                          |                     |                          |                  |                          |                       |                          |               |                          |                          |                          |                          |            |                          |        |  |                          |  |                          |              |                          |         |  |                          |  |                          |                       |                          |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> | Fit/Function                                                                                                           | <input type="checkbox"/> | Misread                 |                          |               |                          |             |                          |                  |                          |                          |                          |                          |                          |                          |                          |          |                          |               |                          |          |                          |                      |                          |                          |                                 |                          |                          |                          |                          |                    |                          |                  |                          |                  |                          |                   |                          |                          |                          |                          |                          |                          |                          |                     |                          |                  |                          |                       |                          |               |                          |                          |                          |                          |            |                          |        |  |                          |  |                          |              |                          |         |  |                          |  |                          |                       |                          |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> | Misaligned/off center                                                                                                  | <input type="checkbox"/> | Turning Sequence        |                          |               |                          |             |                          |                  |                          |                          |                          |                          |                          |                          |                          |          |                          |               |                          |          |                          |                      |                          |                          |                                 |                          |                          |                          |                          |                    |                          |                  |                          |                  |                          |                   |                          |                          |                          |                          |                          |                          |                          |                     |                          |                  |                          |                       |                          |               |                          |                          |                          |                          |            |                          |        |  |                          |  |                          |              |                          |         |  |                          |  |                          |                       |                          |                  |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                                                                                                        |                          |                         |                          |               |                          |             |                          |                  |                          |                          |                          |                          |                          |                          |                          |          |                          |               |                          |          |                          |                      |                          |                          |                                 |                          |                          |                          |                          |                    |                          |                  |                          |                  |                          |                   |                          |                          |                          |                          |                          |                          |                          |                     |                          |                  |                          |                       |                          |               |                          |                          |                          |                          |            |                          |        |  |                          |  |                          |              |                          |         |  |                          |  |                          |                       |                          |                  |